

**STATE CORPORATION COMMISSION
BUREAU OF INSURANCE
PO BOX 1157, RICHMOND, VIRGINIA 23218 804-371-9631
Overnight Mailing Address: 1300 E. Main Street, Richmond, VA 23219**

**PIN4151
SEPT 2002**

APPOINTMENT FORM

This form may be used to appoint either one individual or one agency; not both.

PLEASE READ IMPORTANT INFORMATION ON SECOND PAGE

INDIVIDUAL

SS# or VA DMV-Assigned #	Company Number	Group Code Number	Appointment Type (Circle Only One)
Name (First, Middle, Last)			LH (001) Life and Health PC (002) Property and Casualty TI (003) Title
Physical Street (Resident) Address City State Zip			
AGENCY			
FEIN	Company Number	Group Code Number	
Agency Name		Physical Street Address	City State Zip
Company Name			

Additional Company Numbers - Must be within the same group

If this appointment is associated with an individual who holds a Temporary (Type 03) Life and Health License or a Temporary (Type 31) Property and Casualty License, please check the box. <input type="checkbox"/>

The date of execution of the first application for insurance submitted by this agent or agency was _____. (If agent or agency has not submitted any business, please state "NA".)

NOTICE OF APPOINTMENT

I hereby request that the State Corporation Commission, Bureau of Insurance, authorizes (appoints) the individual or agency designated above to represent this (these) company(ies) in the Commonwealth of Virginia. I certify that the agent or agency has been notified as prescribed in § 38.2-1833.2 of this appointment and that I am registered with the Bureau of Insurance as an individual authorized to sign this form.

Effective Date of Appointment

Company Name

Name (typed) of Individual Signing Form

Company (Billing) Address

City, State, Zip Code

Signature of Authorized Individual

IMPORTANT INFORMATION REGARDING APPOINTMENTS

1. It is the appointing insurer's responsibility to determine that the agent being appointed is properly licensed in Virginia. Insurers should either call the Bureau's IVR number, 804-371-9631, to check on the license type(s) or require the agent to submit proof, a **current certification** (no more than 90 days old), denoting the license type appropriate for the appointment at the time the agent requests an appointment. Appointing (or accepting business from) an unlicensed or inappropriately licensed agent is a violation of Virginia law.
2. The insurer must appoint an agent NO LATER THAN 30 DAYS from the date of execution of the first application for insurance submitted by the agent. If the application is more than 30 days old on the date of appointment, the insurer is in violation of Virginia law.

NOTE: Those insurers authorized to appoint agents under a Temporary Life and Health Debit License (Type 06 only) may submit temporary license applications and appointments simultaneously.

3. Acknowledgment of Appointment cards will be mailed directly to the Agent at the residence address shown in our records. If the address shown on this form differs from that in our records, the address in our records will control. The only acceptable means of changing an address record is by written notification signed by the agent.
4. Appointment fees are NOT to be submitted with this form. Insurers are billed at the end of each quarter for all appointments processed during the quarter. Failure to pay the quarterly billing and/or yearly renewal fee(s) by the specified due date will result in the insurer being penalized.